

## Continuity of Care Advisory Panel

### Social Workgroup Minutes

August 29, 2013

#### I. Attendees

Clarissa Netter (Chair)

Emily Hoffman (On Our Own)

Dr. Smith-Everett (Co-Chair)

Stacy Reid Swain (DHMH)

Steven Gorodos (Adventist Behavioral Health)

Dr. Darrell Nearon (DHMH)

Kate Farinholt (NAMI) via phone

Ann Ciekot (Policy Partner) via phone

Clarissa- reviewed minutes from last meeting (barriers to care identified)

CSA and people from Eastern Shore and Baltimore City and rural areas like Dorchester County

Studied CDC social determinates to health (Johnson Wood Foundation)- zip codes do impact health care

NY has done research study to incorporate zip codes/impact mental health services and where treatment centers are located

Steven (how cultural **stigma** plays?) is it addressed by demographics; recognition that certain cultural groups view access to mental health/behavioral health services in different ways

Stigma added as a barrier to care/cultural and community

**Linkages to other systems** (somatic, housing, etc. all work together for access to care)

\*Minutes Finalized 8/8/13 (added stigma as a barrier)

## II. Discussion

Q. Kate Farinholt (linkages between systems is a big issue; criminal justice etc. community interceptions for people with mental health; effective forwarding of information); police engagement of people; multiple systems such as housing, people who are in crisis dealing with criminal justice system

List of systems/linkages (education, housing,

Steve (disparities between levels of education, education about public services and mental health, need for better outreach efforts, how behavioral health can positively effect a community)

Clarissa (referring to handout/SDOH) CDC Social Determinants of Health

Economic

Education

Social and Community Context

Health and Health Care

Neighborhood and Build Environment

Schools don't promote mental health in their policies; talk about enrollment in higher education

Family structure

Civic participation by mental health community

Does a person with mental health participate in voting after recovery

Access to health and health services (preventive care)

Are systems working together to make sure person does not relapse

Are folks getting into wellness programs

Health technology (Network of Care....is that incorporated in system for public health system to use) is it promoted

Quality of housing (fair)

Emily ("Main Street Housing") consumers of mental health services run the program (only one in MD that provides housing to women and their children)

Crime and violence (talk about that pervades in community; many clients are victims and not predators)

Environmental conditions affect access to services

Access to healthy foods (promote wellness and recovery and healthy foods)

“On Our Own” has a wellness system

Transportation statewide as a barrier (problem with public system for women with small children; “disability card” have to pay full fare for child however if you don’t children are free) barrier because of expense

Consumers have tried to advocate for transportation

Emily (MDLC has done a lot in the past with respect to disability transportation issues)

Anita (SDOH....is this a framework that makes sense...); reasonable structure

Geographic as a barrier

Task Force for Transportation for Maryland (poverty stricken, rural areas in MD, telemedicine); initiative to bring together rural areas;

Emily (don’t overlap with other groups; find a niche; )...

Affordable Care Act (preventative care)

Stigma affects all five components (social determinants to health)

Steven (health care system pendulum has to swing further on one side bc if we are neglecting one component more attention has to be placed in another direction)

Zipcodes

Stigma

Geography

### **Transportation**

Kate (state of MD has MD state department data center/US census report; for zip code data/)

(society should be working on but can’t aim suggestions at how to handle certain big issues; give an introduction/breadth of the issues/be very careful...we want to reduce stigma...multiple recommendations from group that are specific but are put in a general context)

Ex. Stigma is a barrier and there are (x,y,z) and we recommend the following

**Workforce Development** as a barrier (adequately trained and paid so there is not much turnover) Turnover; training (Ex. proactive...things that fall in the gap)

Anita (people who may be loss to follow-up and there's not a way to tie them back in; need capacity to do so)

Outreach/hearing stories changes people's mindset

Steven (so many restrictions as a provider and limitations through regulatory guidelines; struggles with resources; Ex. Interagency Rate Committee (per diem rate/services);

Training which costs money; make sure services are billable/well paid....line staff paid better and retain position; quality of clinicians that can be hired (younger/more affordable to program);

**Recommendation:** Hourly pay rate/what you can bill/competition for pay

Emily (PRP and what needs to be done)? Unclear if that's what we are asked to do?

Environment (neighborhood with violence)

Trauma (how does it fit in)

Whether workforce is linked to social determinants

Emily (employment for consumers is next to housing in terms of importance)

\*Clarissa (recommendations should include strengthen public behavioral service delivery system, improve health outcomes and address deficiencies that lead to interruptions of care)

Anita (more peers in a formal way in the workforce could be a win for the whole system in MD that extends to the social network)

Kate (don't want peers to get by with less; importance of sustaining programs where peers are not a side thing but part of a team) peers as mental health providers

Recommendations from Annapolis Coalition (workforce sustainability)

Consumer Coalition (that looked at peer programs in S.C., AZ)

Peer Support Specialist position in MD (Medicaid reimburse services and rates); there is a workgroup

Workforce and Peer Support Specialists should be trained simultaneously

**Recommendation** (recognition emerging professionals/line staff that have done something special)

Emily (consumers can do things outside of the mental health system as well; look at full possibilities)

**Recommendations:** (Workforce Development and Employment)

**Peer Support**

II. Adjourn/Follow-up

Committee members will provide

Dr. Nearon (Request to Value Options for zip code data)

Dr. Smith-Everett( will get data from Urban Health Institute)

Clarrissa Netter (will get data from Steve Reeder of MHA)

Kate Farinholt (Annapolis Coalition Recommendations)

Next Meeting: September 12 (9am-11 am) at OFS

DRAFT